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CONFIRMATION NO. 5211

<b>SERIAL NUMBER</b> 10/813,783	<b>FILING OR 371(c) DATE</b> 03/30/2004 <b>RULE</b>	<b>CLASS</b> 623	<b>GROUP ART UNIT</b> 3731	<b>ATTORNEY DOCKET NO.</b> 10921/27
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**APPLICANTS**

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**\*\* CONTINUING DATA \*\*\*\*\***

This application is a DIV of 08/923,061 09/03/1997 PAT 6,776,788 which claims benefit of 60/040,737 03/12/1997

**\*\* FOREIGN APPLICATIONS \*\*\*\*\***

DENMARK 938/96 09/03/1996

**IF REQUIRED, FOREIGN FILING LICENSE GRANTED \*\***

06/15/2004

Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	<b>STATE OR COUNTRY</b> DENMARK	<b>SHEETS DRAWING</b> 3	<b>TOTAL CLAIMS</b> 20	<b>INDEPENDENT CLAIMS</b> 3
35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance				
Verified and Acknowledged Examiner's Signature <i>[Signature]</i> Initials <i>[Initials]</i>				

**ADDRESS**

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**TITLE**

Embolization method for endovascular occlusion

<b>FILING FEE RECEIVED</b> 770	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit
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